



BUREAU OF SUPPORT SERVICES
MOBILE REPORTING UNIT
EMS Incidents Record Request Form

Attention Mobile Reporting Unit Staff

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 22 July 10 Ambulance #17 Time 02 55 hrs

Run Number _____ 9-1-1 Event Number _____

Name of Patient _____

Address of Incident _____

Hospital Transported to _____

By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.

THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank Inv. Daniel Kobel

Signature of requesting Officer [Signature]

Specific reason for the request Internal Police Investigation

ASAP _____ Next Day X Non-Priority _____

Daniel.Kobel@ipra@chicago.org

Resent to include R/I's email address.

Log# 1049114
Att.#11